MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5	/						55							
6		/					56							
7		/					57							
8		/					58							
9	/	/					59							
10		/					60							
11		/					61							
12							62							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3	⤶		⤶		⤶	TOTAL IND.		⤶		⤶		⤶	
TOTAL DEP.	8						TOTAL DEP.							
TOTAL CLAIMS	11						TOTAL CLAIMS							

PTO-1360 (3-78)   •MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT OF COMMERCE